PATENT.	APPLICATION	<b>FEE DETERMINA</b>	ATION RECORD
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Effective October 1, 2000

**Application or Docket Number** 

884.438051

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS		25					RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 3			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			minus 3 =		2			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	, 1	TOTAL		OR	TOTAL	960	
CLAIMS AS AMENDED - PART II										OTHER THAN		
(Column 1) (Column 2						(Column 3)	١.	SMALL	ENTITY	OR	SMALL	•
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	-	=		X40=		OR	X80=	-
<u></u>		NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		<b>1</b>	+135=		OR	+270=	
latin and the state of the sta							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	5	(Colu	mn 2)	(Column 3		ADDII. I (EE		4 .		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	, " , "
ME	Independent	$ullet$ $I^{(2)}$ .	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							On				
		•				· · · · · · · · · · · · · · · ·		+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)			mn 2)	(Column 3)	)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total -	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent		Minus	***	<del>- 01 4114</del>	=	11	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. 270			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR											
		nber Previously Pa						ınd in the app	propriate box	k in co	lumn 1.	